

Name
in
Full

Kelson Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

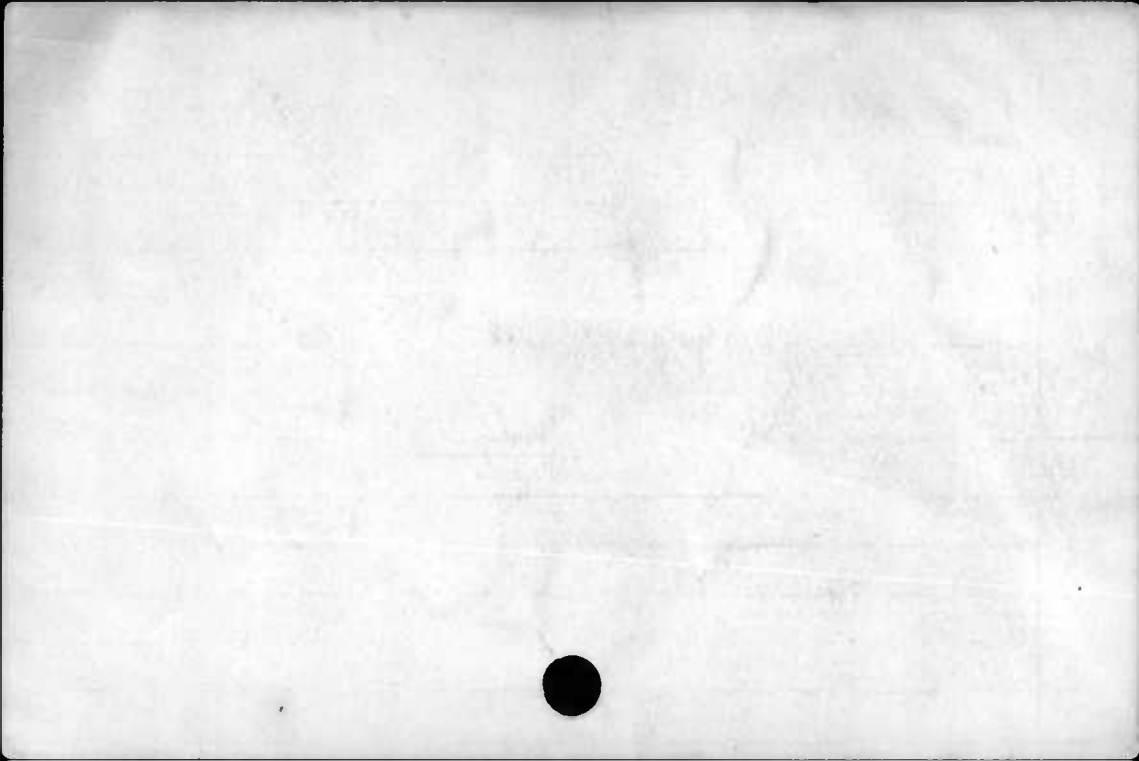
Died at <i>Hunchtown</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1907	Month	March	Day	21
Age		40		Years	?
Sex	male	Color or Race	white	Birth-place	Norway
Occupation	Bridge worker		Where Residing if not at place of death <i>Home, Dignee, Md</i>		
Married, Single or Widowed	married	Name of Wife	<i>Maren Anderson</i>		
Father's Name	<i>Kiel Anderson</i>		Father's Birthplace	Norway	
Mother's Maiden Name	<i>Elisabeth Isachsen</i>		Mother's Birthplace	"	
Name of person giving information	<i>Wm J Kelly</i>		How related to deceased	<i>not at all</i>	

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Falling from bridge work on</i>	How long
Immediate	<i>B & O Rail Road</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ricketts Nelson</i>	
	Address <i>Exoner of Cecil County</i>	
Accident or Suicide?	<i>Accident</i>	
	<i>Eckon, Maryland</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Eliza Ann Brickley</i>		Town <i>Chenez, M.E. Church</i>		County <i>H Cecil</i>		MARYLAND	
Died at <i>near Brownstown</i>		Month <i>March</i>		Day <i>31</i>		Years <i>63</i>	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>31</i>		Age <i>63</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Brownstown, Pa.</i>		Months <i>8</i>	
Occupation <i>Housekeeping on a farm</i>		Where Residing if not at place of death <i>Farmington</i>		Months <i>8</i>		Days <i>14</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Theo. Brickley</i>		Months <i>8</i>		Days <i>14</i>	
Father's Name <i>James McCall</i>		Father's Birthplace <i>Quarryville, Pa.</i>		Months <i>8</i>		Days <i>14</i>	
Mother's Maiden Name <i>Elizabeth August</i>		Mother's Birthplace <i>Quarryville, Pa.</i>		Months <i>8</i>		Days <i>14</i>	
Name of person giving information <i>Minnie B. Williams</i>		How related to deceased <i>Daughter</i>		Months <i>8</i>		Days <i>14</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>64</i>	How long	<i>Turned 100</i>
Immediate	<i>Cerebral Hemorrhage</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J B Stein</i>
		Address	<i>Rising sun</i>
Accident or Suicide?			<i>md.</i>



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

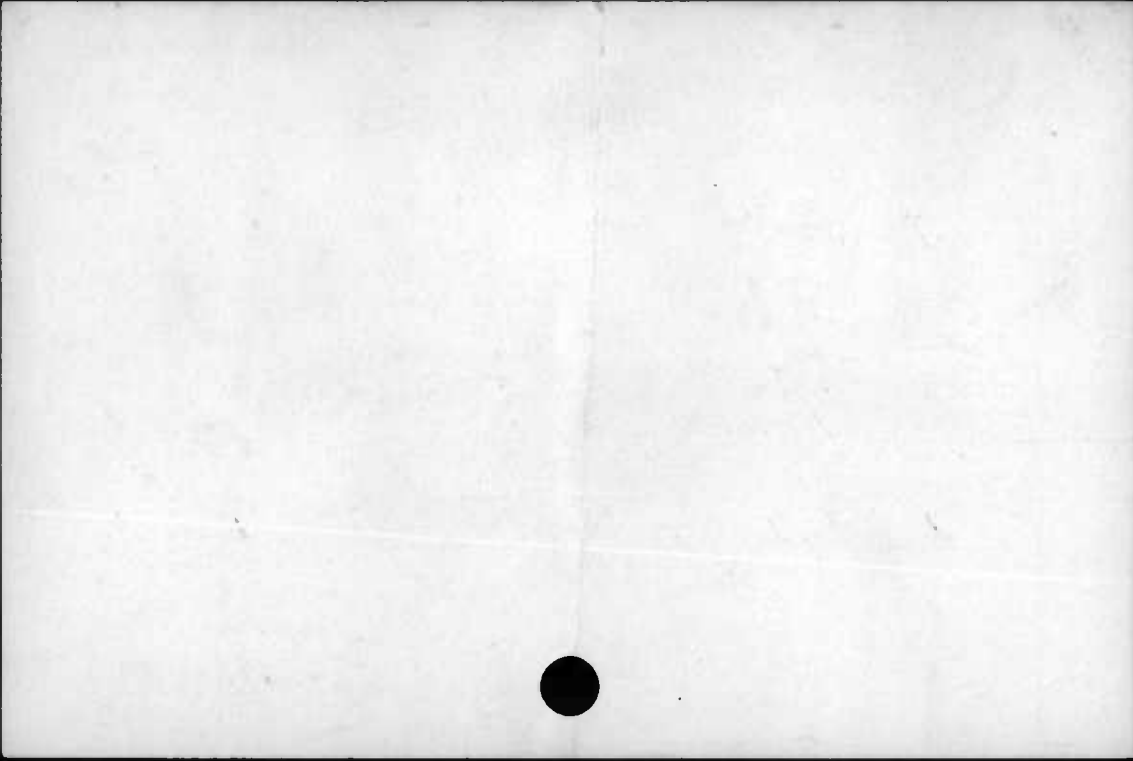
Died at Middlebrook Town		Lochayton County		MARYLAND	
Date of death	1907	Month March	Day 16	Age 77	Years 2 Months 0 Days 0
Sex Male	Color or Race White		Birth-place New London Co Del		
Occupation Farmer	Where Residing if not at place of death Lochay Co Md				
Married, Single or Widowed	Name of Wife or Husband Not Known		Father's Birthplace Not Known		
Father's Name	Not Known		Mother's Birthplace Not Known		
Mother's Maiden Name	Not Known		How related to deceased Son in Law		
Name of person giving information	Henry Jeff				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Hypertrophy of Heart	How long	6 months
Immediate	Exhaustion	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J J Hargh
		Address	Harrods Md
Accident or Suicide?	No		



Name
is
Full

Isabel R. Dean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

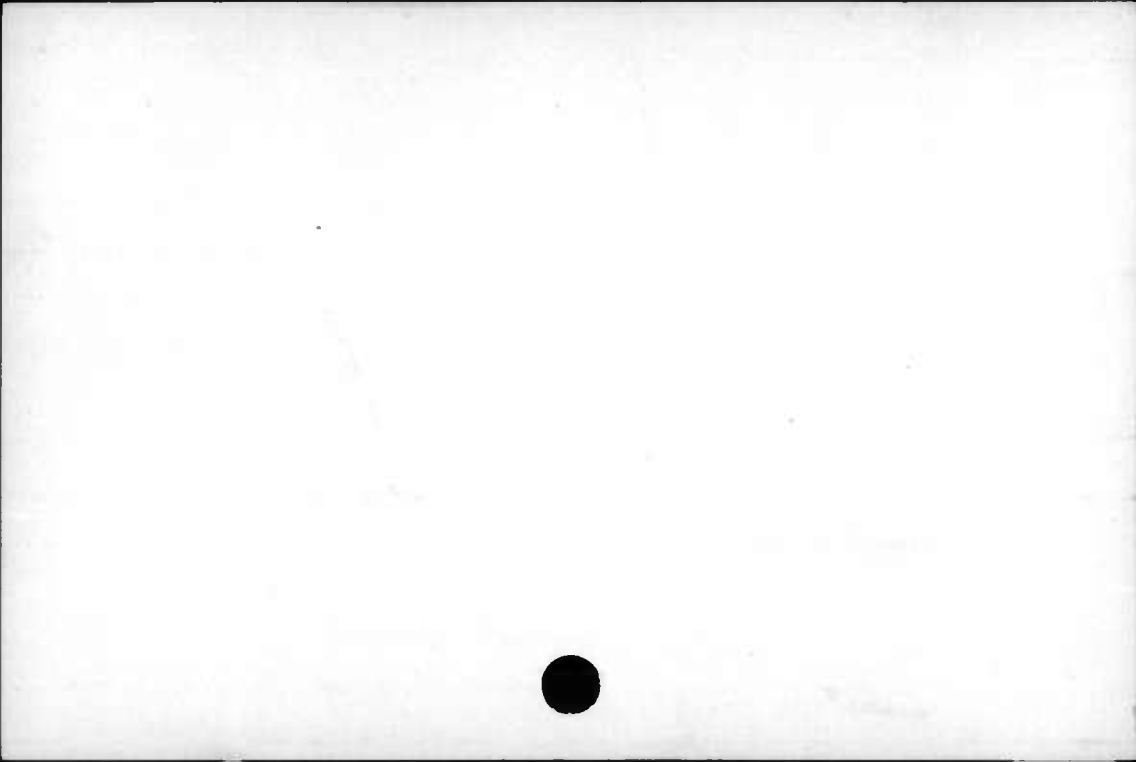
Died at <i>North East</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>6th</i>	Age <i>68</i> Years	Months <i>10</i>	Days <i>York Co.</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Colemanville</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Minerva A. Dean</i>			
Father's Name <i>Moses S. Dean</i>		Father's Birthplace <i>Elkton</i>			
Mother's Maiden Name <i>Julia A. Alexander</i>		Mother's Birthplace <i>Delaware</i>			
Name of person giving information <i>Minerva A. Dean</i>		How related to deceased <i>wife</i>			

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	<i>Albuminuria</i>	How long	<i>4 Years</i>
Immediate	<i>Apoplexy</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Theo. A. Worrall</i>	
		Address <i>North East</i>	
Accident or Suicide?		<i>Med.</i>	



Name
in
Full

Peter Dunn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

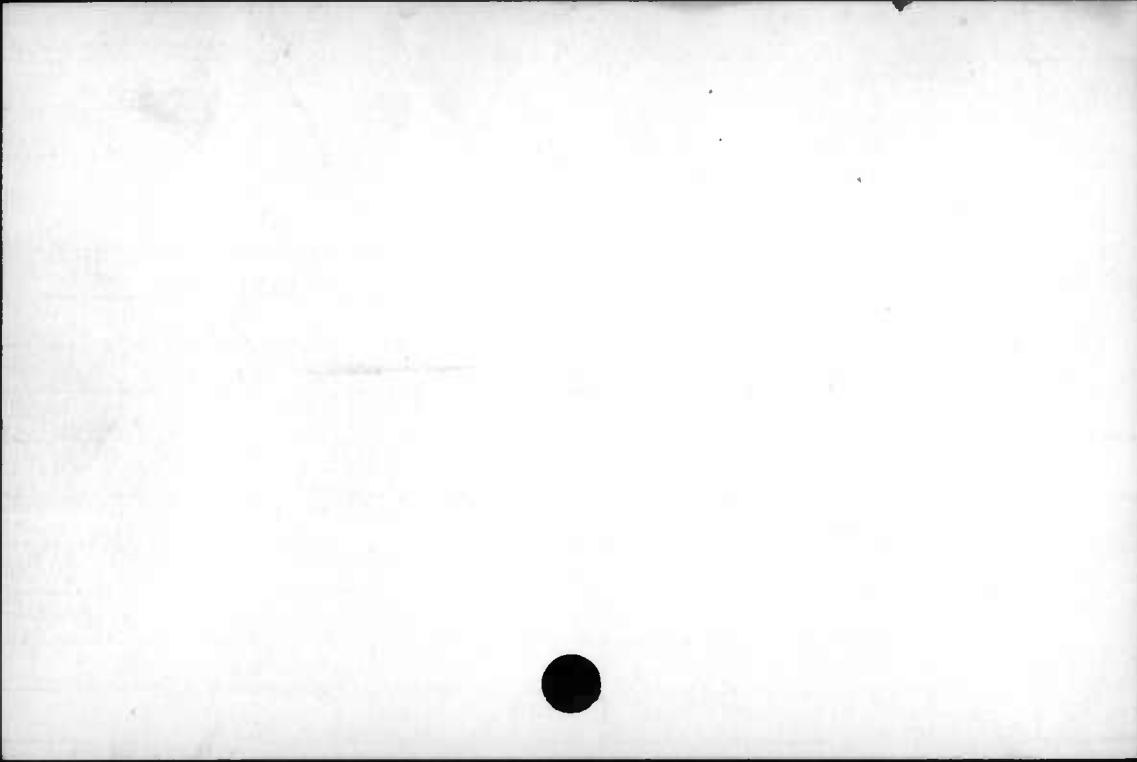
Died at		Town <i>Perryville</i>		County <i>Cecil</i>		MARYLAND	
Date of death		1907	Month <i>March</i>	Day <i>13</i>	Years <i>20</i>	Months —	Days —
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>New Haven Conn</i>			
Occupation <i>Schoolboy</i>		Where Residing if not at place of death <i>Baltimore Md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Peter Dunn</i>		Father's Birthplace <i>New Haven Conn</i>					
Mother's Maiden Name <i>Grace Dunn</i>		Mother's Birthplace <i>Conn</i>					
Name of person giving in formation <i>Peter Dunn</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Killed by car on the</i>	How long
Immediate	<i>P.B. on W. Rail Road.</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Richards person</i>
		Address <i>Corner of Cecil & E. Main, Md</i>
Accident or Suicide?		



Name

in
Full

Sisaw F. Francis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

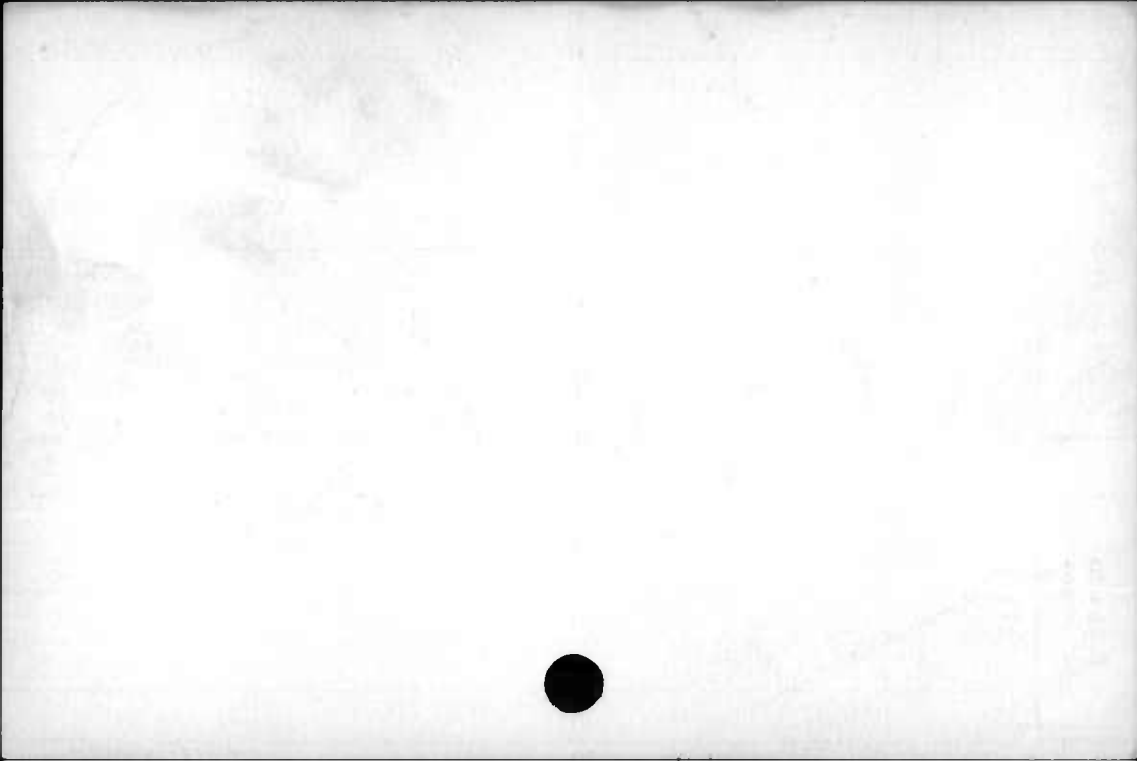
Died at <u>Cecil</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death	1907	Month	3	Day	26
Age		46		Years	
Sex	Female	Color or Race	Black	Birth-place	Cecil Co. Md.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name		John Bayard		Father's Birthplace	
Mother's Maiden Name		Mary E. Coffin		Mother's Birthplace	
Name of person giving information		Thomas J. Francis		How related to deceased	
				Husband	

CAUSES OF DEATH

82

PHYSICIAN
OR CORONER

Primary	Embolism cerebral artery	How long	24 Hours
Immediate		How long	u u
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		E. W. Crawford	
		Address	
		Loudon Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

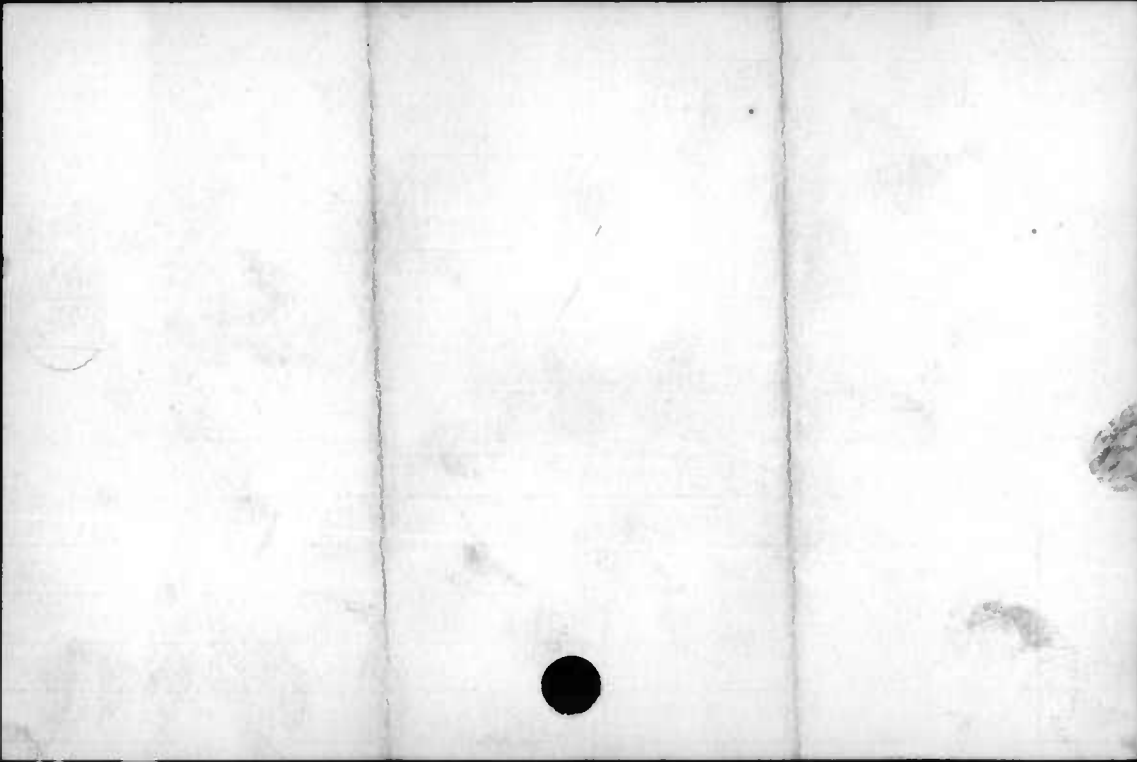
Died at <i>Eder</i> Town		County <i>Cecil</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>2</i>	Age _____	Months <i>5</i>	Days _____
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co.</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Ellen Hammond</i>			Mother's Birthplace <i>Cecil Co.</i>		
Name of person giving information <i>Mary Hammond</i>			How related to deceased <i>Grand mother</i>		

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary <i>Opium Poisoning</i>	How long _____
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. Buckley</i>
	Address <i>Electing</i>
Accident or Suicide?	<i>med</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkton</i> ^{Town}		<i> Cecil </i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>3rd</i>	Day <i>22</i>	Age <i>69</i>	Years <i>69</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Del</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Joshua Jackson</i>	Father's Birthplace <i>Del</i>				
Mother's Maiden Name <i>Jane Traylor</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Sarah Jackson</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular Dis of Heart + Angina pectoris</i>	How long <i>5 or 6 yrs</i>
Immediate	<i>Exhaustion</i>	How long <i>?</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Howard Braxton</i>
<i>Except age 64.</i>		Address <i>Elkton Md</i>
Accident or Suicide?		<i>✓</i>



Name
in
Full

Isabella McCullough Lofland

70 years

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

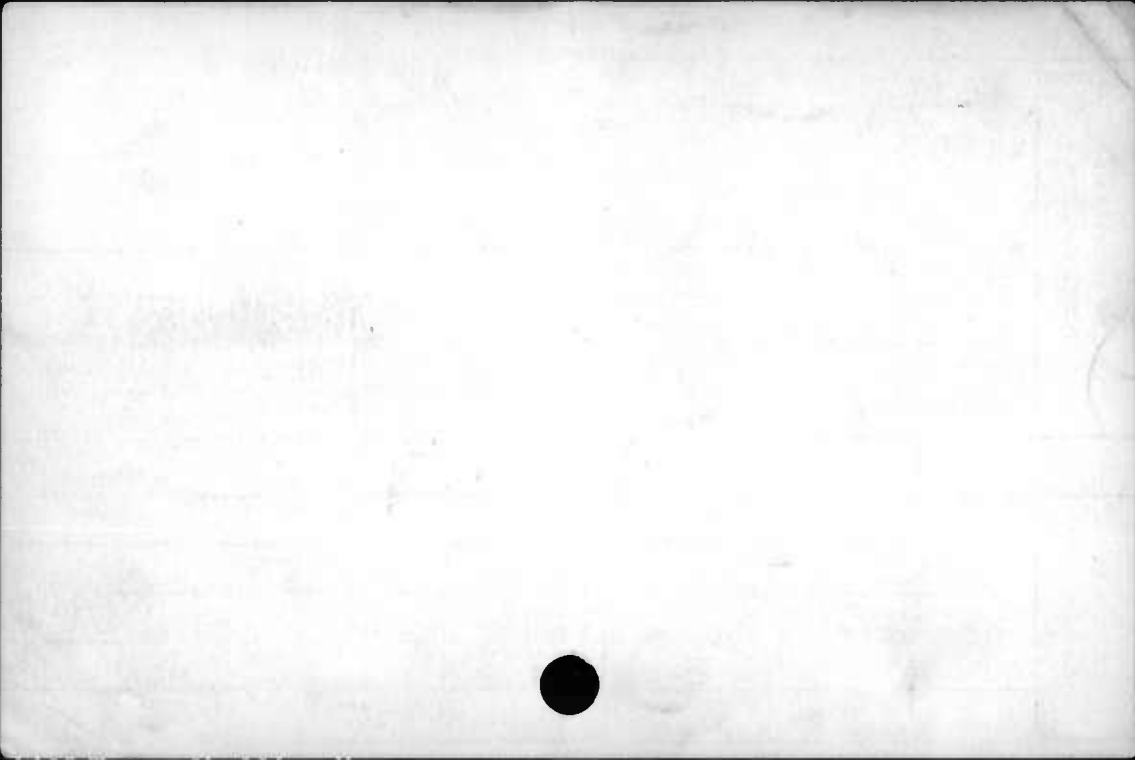
Died at <i>Liberty Groove</i> Town		<i>Bevil</i> County		MARYLAND	
Date of death	<i>1907</i> Month <i>Mar.</i>	Day <i>8th</i>	Age <i>78</i> Years	Months <i>5</i>	Days <i>8</i>
Sex	<i>female</i>		Color or Race	<i>White</i>	
Occupation	<i>farming</i>		Where Residing if not at place of death	<i>Liberty Groove.</i>	
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Henry J. Lofland</i>	
Father's Name	<i>Joseph Patten</i>			Father's Birthplace	<i>Principio Md.</i>
Mother's Maiden Name	<i>Elija Evans</i>			Mother's Birthplace	<i>Unicorn Pa.</i>
Name of person giving information	<i>Wm J. Patten</i>			How related to deceased	<i>Brother,</i>

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

Primary	<i>Cathorhal Pneumonia</i>		How long	
Immediate	<i>Exhaustion</i>		How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Ernest Rowland</i>	
			Address <i>Liberty Groove Md</i>	
Accident or Suicide <input type="checkbox"/>				



Name
in
Full

CERTIFICATE OF DEATH

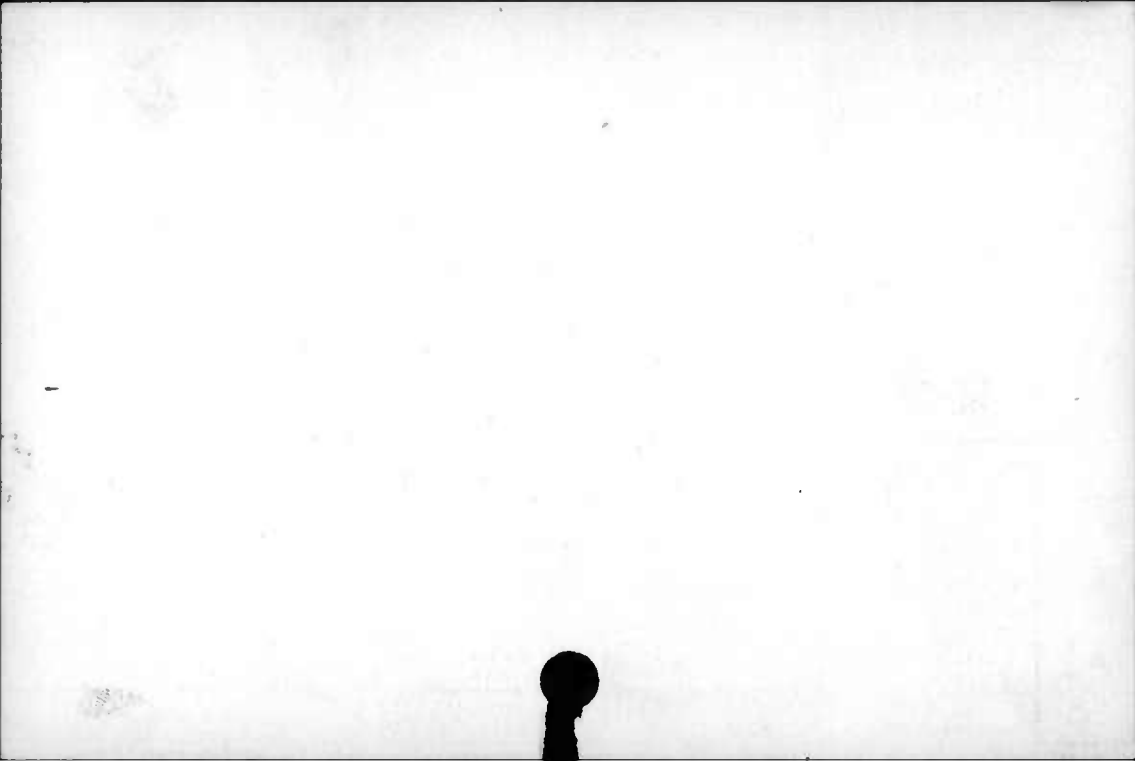
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Aburhouse</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death	1907	Month	March	Day	15
Age		80		Months	
Sex	male	Color or Race	White	Birth-place	Ireland
Occupation	Laborer		Where Residing if not at place of death <u>Aburhouse</u>		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Do not know		Father's Birthplace	Do not know	
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	John Mahoney		How related to deceased	No related	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Heart-Failure</u>	How long	<u>2 days</u>
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Chas. F. Miller</u>
yes		Address	<u>North East</u>
Accident or Suicide?			



Name
in
Full

Eliza Jane Lutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherry Hill</i> Town		County <i>Cecil 3rd Dist</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>20</i>	Age <i>69</i>	Years	Months <i>3</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Cecil Co, Md</i>		
Occupation <i>Kept house</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Elmer Lutton</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Eliza Ferguson Lutton</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Leah McLane</i>			How related to deceased <i>sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Failure due from</i>	How long <i>179</i>
Immediate	<i>natural cause</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Pickett McLean</i>
		Address <i>Coroner of Cecil County</i>
		<i>Elkton, Md.</i>
Accident or Suicide?		

HLI



Name
in
Full

CERTIFICATE OF DEATH

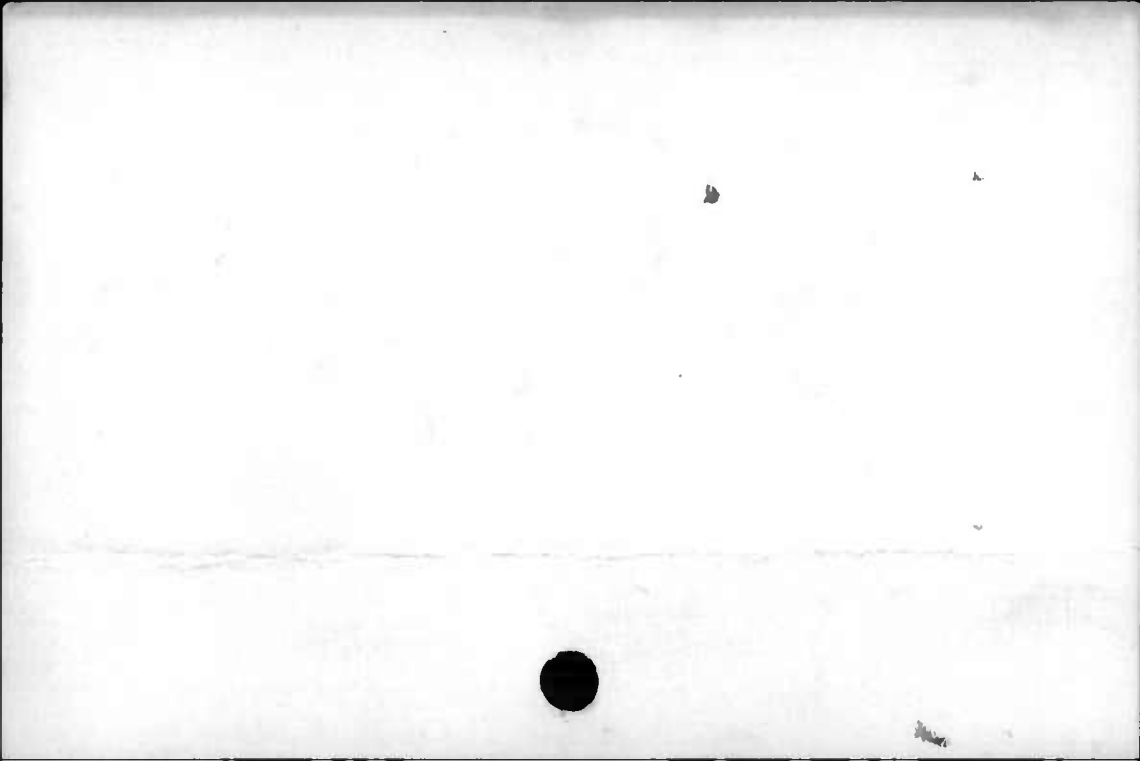
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marbletown</i> <i>Cecil</i> County		MARYLAND				
Date of death	1907	Month 3	Day 29	Age 68	Months 7	Days 22
Sex	<i>Male</i>		Color or Race	<i>White</i>		
Occupation	<i>Farmer</i>		Birth-place	<i>Cecil Co. Md.</i>		
Where Residing if not at place of death						
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Mary A. Mackie</i>		
Father's Name	<i>John Mackie</i>		Father's Birthplace	<i>Md.</i>		
Mother's Maiden Name	<i>Catharine Andrews</i>		Mother's Birthplace	<i>Mississippi</i>		
Name of person giving information	<i>Dr. Mackie</i>		How related to deceased	<i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	(93)	How long	<i>5 days</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>David Mackey</i>	
		Address	<i>Oxford Pa.</i>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

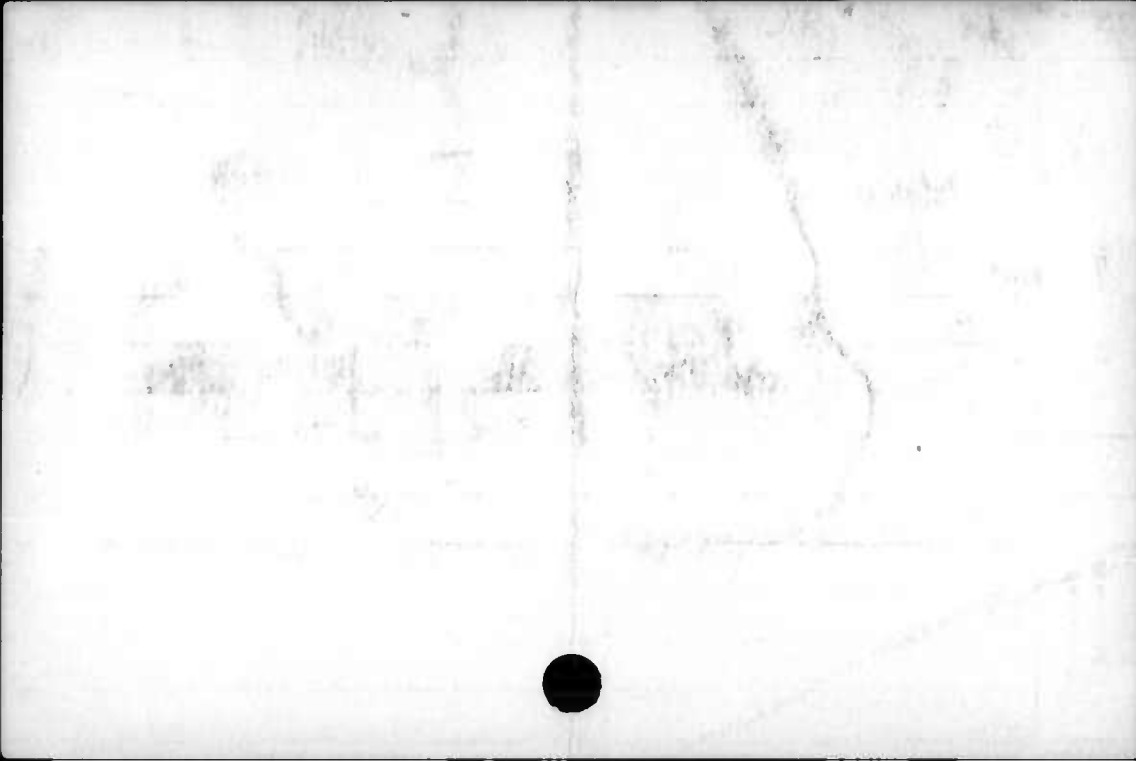
Name in Full <i>Mary A. (Milliken)</i>		Town <i>Cecil</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Cecil</i>		Month <i>3</i>		Day <i>13</i>		Years <i>82</i>	
Date of death <i>1907</i>		Months <i>3</i>		Days <i>13</i>		Age <i>82</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Samuel M. Milliken</i>					
Father's Name <i>Peter Horn</i>		Father's Birthplace <i>New York</i>					
Mother's Maiden Name <i>Sarah Young</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving information <i>Lidia Milliken</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary <i>Typhilitis</i>		How long <i>Five days</i>	
Immediate <i>"</i>		How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. N. Crawford</i>	
		Address <i>Cecil</i>	
Accident or Suicide?		<i>md</i>	



Name
in
Full

Annie Patchell

- 4 West -
Dale

CERTIFICATE OF DEATH

Died at Dale

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

March

12

Age

17

Sex

Female

Color or
Race

White

Birth-
place

Ind

Occupation

Schoolgirl

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Wm J. Patchell

Father's
Birthplace

Del

Mother's
Maiden Name

Sarah Maxwell

Mother's
Birthplace

Del

Name of person giving
Information

Wm J Patchell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Consumption

27

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Wm J. Cawley
Elkton

Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

173

Name
is
Full

CERTIFICATE OF DEATH

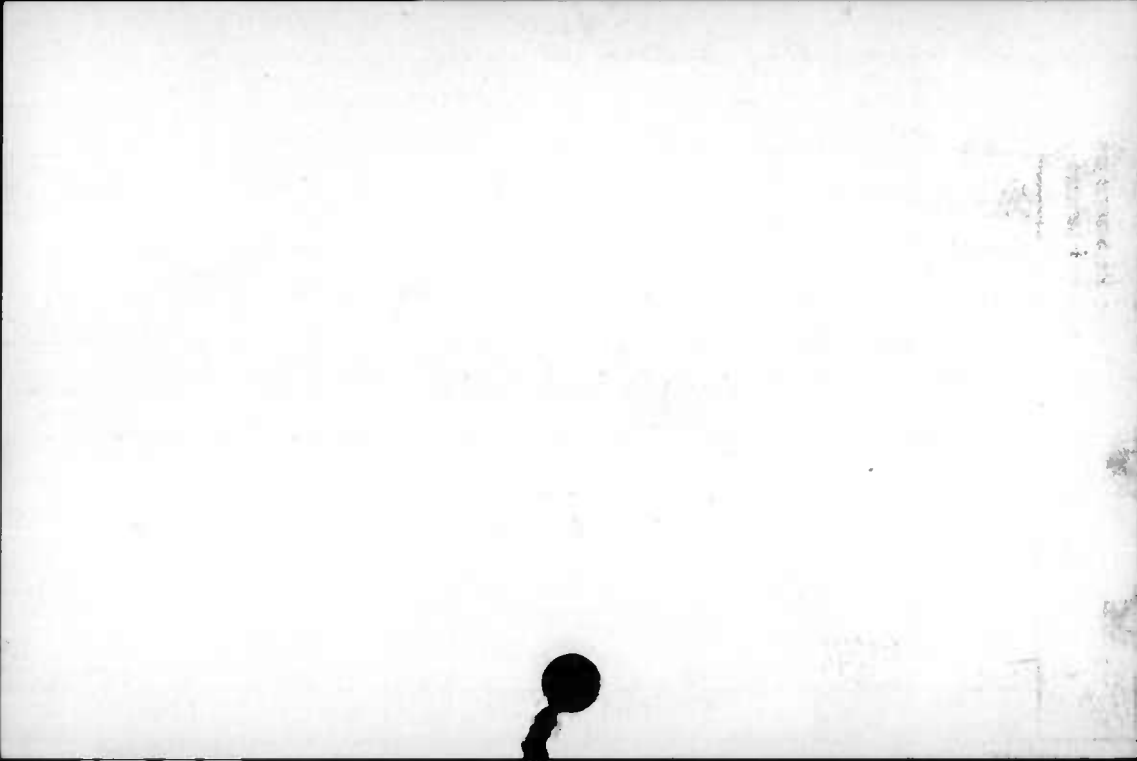
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North East</i> Town		<i>Becil</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>3</i>	Day <i>17</i>	Age <i>20</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>North East</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Thomas L Phillips</i>				
Father's Name <i>William Harrison</i>	Father's Birthplace <i>North East</i>				
Mother's Maiden Name <i>Sarah Logan</i>	Mother's Birthplace <i>Becil Ed</i>				
Name of person giving information <i>Thomas M Phillips</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>Six months</i>
Immediate <i>Trauma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. F. Hammock</i>
	Address <i>North East</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Emily M. Smith

CERTIFICATE OF DEATH

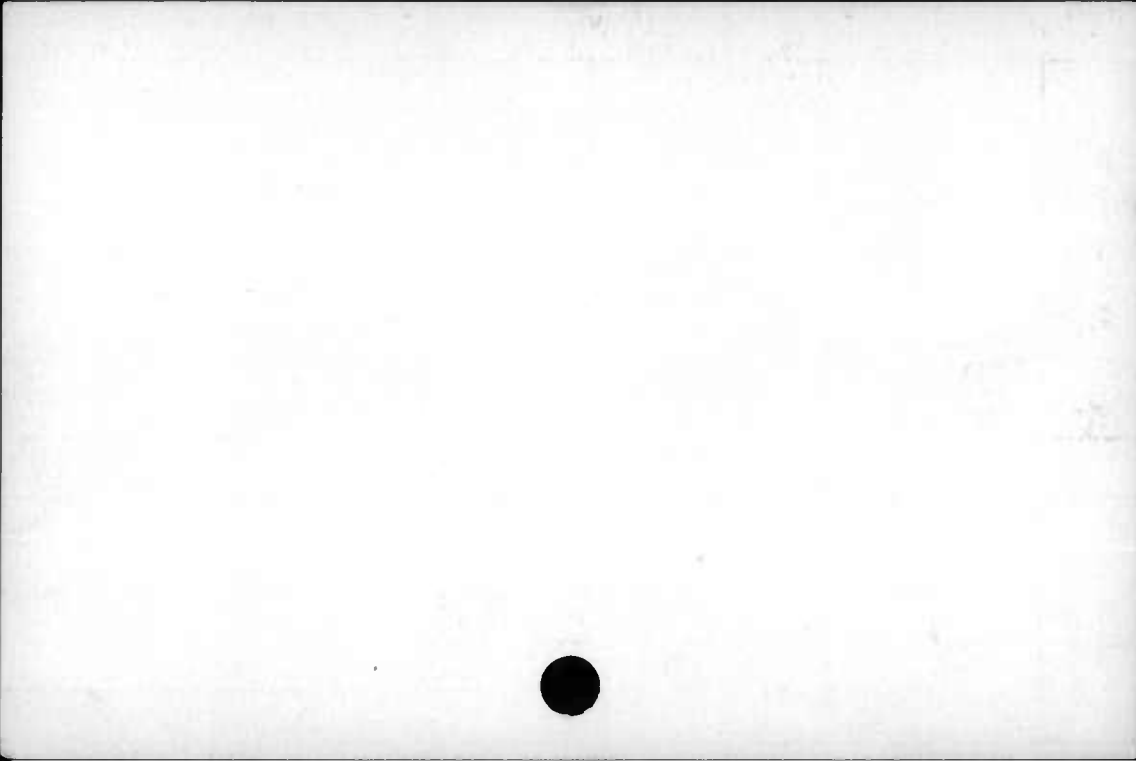
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perryville</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>March</i> ^{Day} <i>13</i>		Age <i>78</i> ^{Years}		Months <i>—</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>unknown</i>	
Occupation <i>Housekeeping</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Thomas Smith</i>			
Father's Name <i>Not known</i>		Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Not known</i>			
Name of person giving information <i>Mary C. Mullin</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart disease</i>		(79) How long <i>Year</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Gro. M. Stump</i>
		Address <i>Perryville, Md.</i>
Accident or Suicide?		



Name
in
FullName
in
Full
None
TownInfant - Sprout
County8th Dist
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at

Pilot

Town

Lucile

County

MARYLAND

Date

of death

1907

Month

Mar

Day

6

Age

Years

Months

Days

1 1/2

Sex

female

Color or
Race

white

Birth-
place

Pilot Md

Occupation

Where Residing if not
at place of death

Same

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Wm. J. Sprout

Father's
Birthplace

8th dist. Cecil Co

Mother's
Maiden Name

B. E. McCullough

Mother's
Birthplace

Lan Co Pa

Name of person giving
In formation

B. E. Sprout

How related
to deceased

mother

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Hemorrhage from Umbilicus

How long

few hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

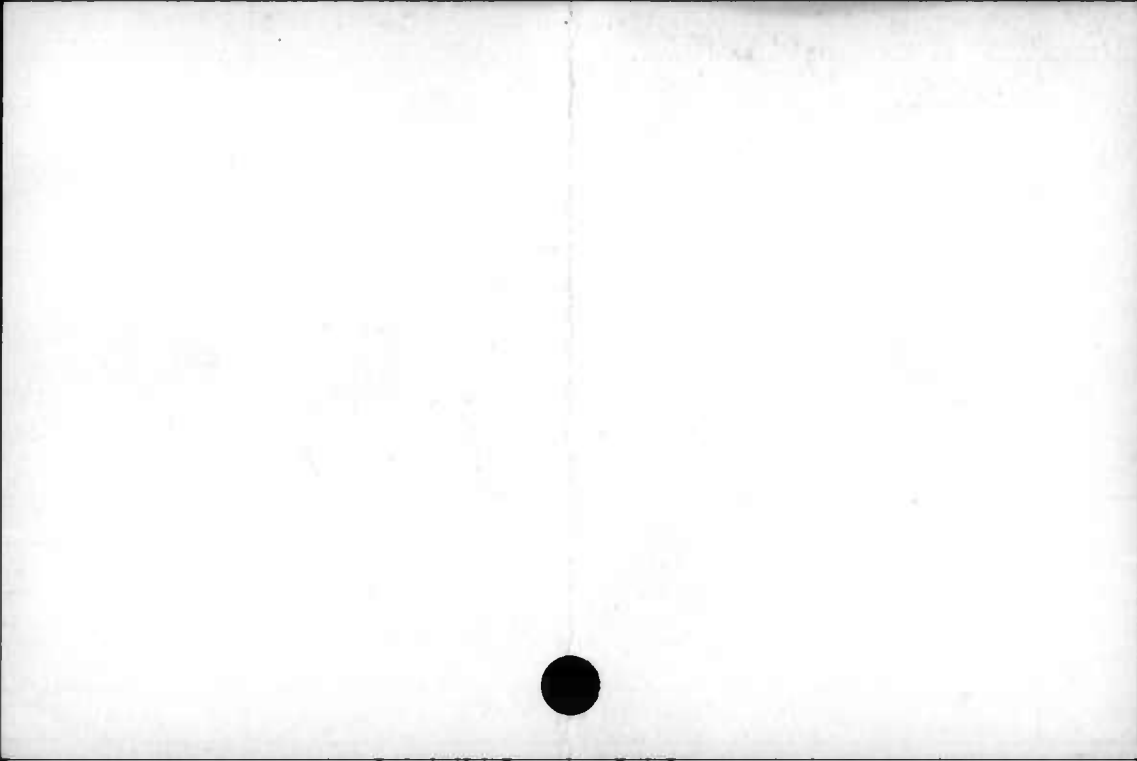
Signature of
Physician

Geo. W. Gillespie

Address

Pleasant Grove Pa

Accident or Suicide?



Name
in
Full

Marcella Taylor

7th day

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Port Deposit</i>		County <i>ecil</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		March	13	2	17	17	
Sex <i>female</i>		Color or Race <i>black</i>		Birth-place <i>Port Deposit</i>			
Occupation		Where Residing if not at place of death <i>Port Deposit</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>William G. Johnson</i>		Father's Birthplace <i>Port Deposit</i>					
Mother's Maiden Name <i>Rachel Taylor</i>		Mother's Birthplace <i>Port Deposit</i>					
Name of person giving information <i>Emma Wilson</i>		How related to deceased <i>brother</i>					

CAUSES OF DEATH

(193)

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>short time</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. E. Clennon</i>	
		Address <i>Port Deposit</i>	
Accident or Suicide?			

Rachel Hays

Name
in
Full

William Richard Webster 2nd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

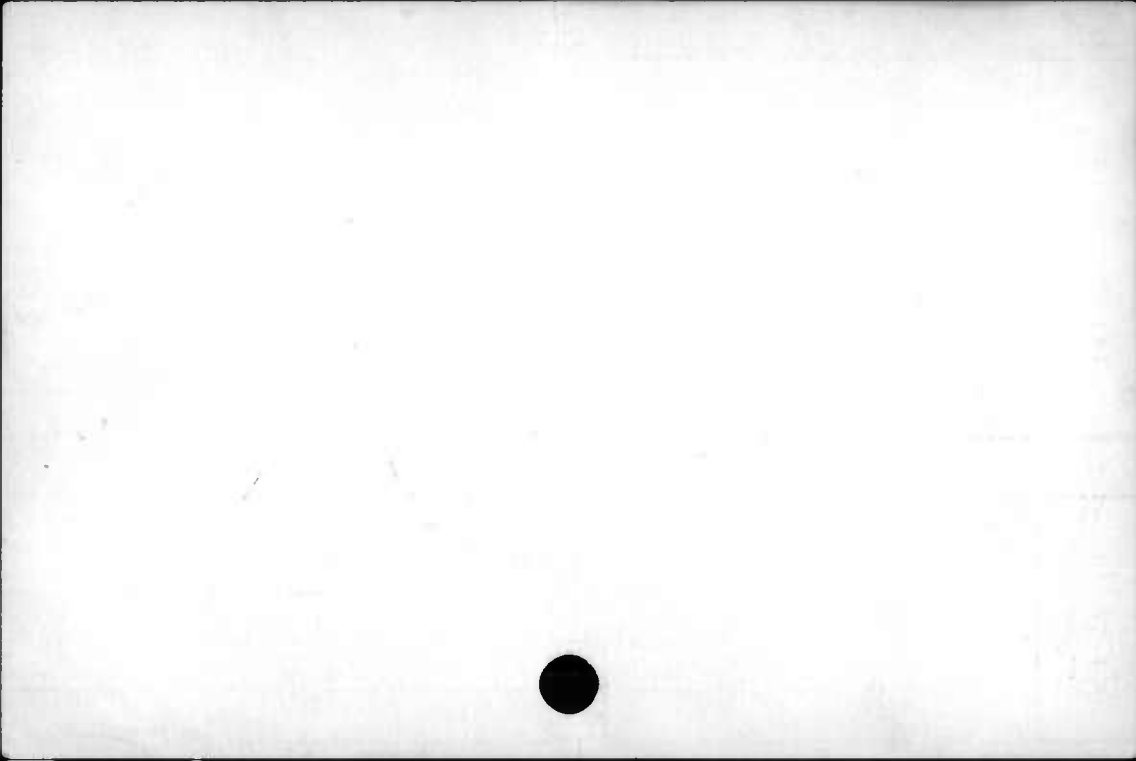
Died at <u>Port Deposit</u> ^{Town}		<u>Leach</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>10</u>	Age <u>—</u> Years	Months <u>10</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Port Deposit</u>		
Occupation <u>un-emp</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>David E Webster</u>	Father's Birthplace <u>Harford Co</u>		Mother's Birthplace <u>local Co</u>		
Mother's Maiden Name <u>Margha Bond</u>	How related to deceased <u>Father</u>		Name of person giving information <u>David Webster</u>		

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>5 days</u>
Immediate <u>Heart Failure</u>	How long <u>about 1 hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. E. Clemens</u>
	Address <u>Port Deposit Ind</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Savannah Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eckton</u> ^{Town}		<u>Bevil</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>3</u> ^{Month}	<u>7</u> ^{Day}	Age <u>35</u> ^{Years}	<u></u> ^{Months}	<u></u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Eckton</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>George Wilson</u>			
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Georgie Hogan</u>			Mother's Birthplace <u>Bevil Co Md.</u>		
Name of person giving information <u>George Wilson</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Consumption</u>	How long
Immediate	<u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wm. Lawley</u>
		Address <u>Eckton</u>
Accident or Suicide?		<u>md</u>

Edison

Name
in
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leuzville</i> ^{Town}		<i>Beil</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>13</i>	Age <i>25?</i>	Years <i>25?</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>✓</i>		
Occupation <i>✓</i>	Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>✓</i>	Name of Wife or Husband <i>✓</i>				
Father's Name <i>✓</i>	Father's Birthplace				
Mother's Maiden Name <i>✓</i>	Mother's Birthplace				
Name of person giving information <i>✓</i>	How related to deceased				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Killed by train on P.B. & M.</i>	How long
Immediate <i>Rail Road</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ricketts Nelson</i>
	Address <i>Crown of Beil Co</i>
Accident or Suicide? <i>Accident</i>	<i>✓ E. E. Klon, Md.</i>

